011	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH							1440			
G)		CEASED NAME FIRST E OR PRINT) Man	ion	MIDDLE	Book	re.		20 DATE OF		26 85	2b. HOUR 6:00		
oft.	3. SE		4 RACE		5 DATE C		YEAR	6 AGE (IN	EARS LAST BIRTHDAY)	MONTHS DATE			
direct	70 B	Female IRTHPLACE (STATE OR FOREIGN)	Neg:	WHAT COUNT	July	27	1877	107	RE CITY OR COUN				
272		Maryland	USA	WIAICOUNI	MARRIE		R MARRIED DIVORCED		alvert Co		WD		
90	P	ity or town of DEATH	Calve	HOSPITAL, NUR	REET ADDRESS)	OR OTHER IN	ISTITUTION	12a USUAL	OCCUPATION K FOR MOST OF WORKING MESTIC	12h KIND	OF BUSINESS OR		
4//	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		13c. CITY OR TO		13d INSIDE	CITY LIMITS?	13e STREET BOX	ADDRESS	21	0676		
Harine		ATHER'S NAME FIRST UNKNOWN	WIDDLE	LAST			R'S MAIDEN NA Nellie	AME	WIDDIE	Unkn	own		
the medical		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	219-56		Bert!	na Greet	Box	ADDRESS 24 Port F	-	Md XIMATE INTERVAL NONSET AND DEATH		
gned by the ottending physis in please remove carbon pape burial, cremation, ar removal ry, or other troumatic event, th		Conditions, if ony, which gove rise to immediate cause 10), stating the underlying cause lost	(b) DUE TO, C	DR AS A CONSE	NARY DUENCE OF	NOT RELAT	RTER	MINAL DISEAS	E OR CONDITION	GIVEN IN PART 1	(0.		
shows any inju	CERTIFICATION	190 DATE OF OPERATION	196 CONE	CCA T	CH OPERATIO			200 AUTO		YES, WERE FIND RTIFYING CAUSE YES [INGS USED S OF DEATH?		
Item 18	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A	DF INJURY I.M. MONTH I.M.	DAY YEAR	21f. LOCA	21	RED (ENTER NA	ITURE OF INJURY IN ITEM	18 PART I OR PART 2)			
rked or	ME	WHILE NOT WHILE AT WORK		TREET, FACTORY OFFI	CE, FARM, ETC.)	STRI	EET		CITY OR TOWN	COUNTY	STATE		
retoined by the hospital or after the should be detached for use as the with the State Dept. of Health and IMPORTANT: If Item 21 is marked or		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n	5/	26 1	C	nd that in (m	y) (our) apinion	death occurre	d on the dote and I	- 1	, that (I) (we) last e couses stated		
		22b. SIGNATURE A T 22d. PHYSICIAN'S NAME (TYPE	nsh.		~	DEGREE 1 22e ADDR		MEDICAL	STAFF PHYSICIAN	5	128/85		
with the Stote		ANWAR	MUNSI	• • •	M D	PR	INCE		DERICK	MD.	20678		
		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	May 30				R CREMATORY Cemeter	y St.	Leonard	Calvert			
50M 1/81 5, 4)		uneral director encer E. Sewel	1 Box 3	1, Prin	ce Fred	lerick	2015/00/00/00	TE REC'D. BY R	EGISTRAR 256 REG		dete.		

STATE OF MARYLAND

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12g USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Farming 130 STREET ADDRESS / ZIP CODE Box 96, Sixes Road, 20678 Pr. Frederick Faye Hammett, Box 95, Sixes Rd., Maryland 2067 MYOCARDIAL Few Memule TIVEARCTION DISEASE SEVERAL! RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 STATE and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Anwar T. Munshi, M.D. Prince Frederick, Maryland 230. BURIAL CREMATION, REMOVAL 23r. NAME OF CEMETERY OR CREMATORY Barstow. Central Cemetery Calvert. 250. DATE REC'D. BY REGISTRARI25h. REGISTRAR'S SIGNATURE Box 34B, Port Republic, Maryland 200

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER 1 YEAR

DHMH - 16 60M 7/B4 (VRA 15, 4)

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death certificate be executed within 24 hours after

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low retoined by the hospital or offending physician.

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1/18007	REGISTRAR			CERTIFICATE OF DEATH		REG. N	10.	
19000	1 DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE (OF DEATH	MONTH	

	REGISTRAR				CERTIFI	CATE OF DEATH		REG. N	10			
	CE ASED NAME	FIRST	N	AIDDLE	LA	ST	2a. DATE C		MONTH	DAY YEAR	25 HOU	R
(TYPE	OR PRINT)	Will:	iam	Ben-	jamin	BOWEN	May	18,	1985		6:13	Lp м
3. SE	X	4	RACE		S. DATE O		6 AGE IN	YEARS LAST BI	RTHDAY)	MONTHS DATS	IF UNDER	24 HRS MIN.
T	nale.		whit	Te .	MONTH	DAY YEAR	74 91		YRS	MONTHS DATS	HOURS	MIN.
Ja. BI	RTHPLACE (STATE O	R FOREIGN 76	CITIZENOF	WHAT COUNTR	Y? 8		- 9 BALTIM	ORE CITY O	OR COUNT	Y OF DEATH		•
	Derulend		USA	3	WIDOWEL	NEVER MARRIED DIVORCED	Calv	ert				MD
	ITY OR TOWN OF D	EATH 1			SING HOME OF	ROTHER INSTITUTION		OCCUPAT		126 KIND C	F BUSINE	
Dr	ince Fre	deric	_	HEACILITY, GIVE STR		ial Hospi		ORK FOR MOST	OF WORKING L	(FE) INDUSTRY		
130. S	AL RESIDENCE (IF NU STATE CALLO DATHER'S NAME FIRST VAS DECE ASEO EVE VES, NO OR UNKNOWN)	RSING HOME OR O' 13b. COUNT CALLA MII R IN U.S. ARM	THER INSTITUTION.	HUNDING HUNDING	I NWC	13d INSIDE CITY LIMITS YES NO IX 15 MOTHER'S MAIDEN FIRST 17 INFORMANT X KEMEH	MU	ADDRESS MIDDLE ADDR	1	oution nce fre	derd	me
	Conditions, if or gove rise to it couse (o), sto underlying cou	IMMEDIATE ny, which mmediate ting the se lost.	DUE TO, OR (b) DUE TO, OR (c)	R AS A CONSEC R AS A CONSEC DNTRIBUTING T	DUENCE OF	NOT RELATED TO THE T	VPS. d	SE OR CON	NDITION GI	VEN IN PART 1	0	
CERTIFICATION	190 DATE OF OPER	NOITA	196 CONDI	TION FOR WHI	CH OPERATION	N WAS PERFORMED	20a AU	TOPSY?	IN CERT	S, WERE FIND! FYING CAUSES ES [H?
	210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCC	CURRED (ENTER	NATURE OF INJU	JRY IN ITEM 18	PART I OR PART ?)		
MEDICAL	21d INJURY OCCU		21e PLACE			211 LOCATION STREET		CITY OR TO	OWN	COUNTY	S	TATE
	220. I certify that sow the dece above, (1) (we 22b SIG		5/18	19	85.8	d that in (my) (our) opin		L _ STA	\FF			
	22d. PHYSIC AN'S	NAME (TYPE OR	PRINT)		-//	22e ADDRESS	IN ILL DIRECTO	K	CIAIT	-/-	1/13	-
	George 1	Weems,	M.D.		-	Prince F			MD 20	678		
	BURIAL, CREMATION	N, REMOVAL	23b. DATE	23	NAME OF CE	METERY OR CREMATO		TY OR TOWN		COUNTY		TATE
P	Sunal		Mag	2285	Wer	DURN	901	nce	Free	rickco	Jugart	MO

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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and a should be detached for use as the buriol-transit permit. Then please remove carban popers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumotic event, the medical

HOUSEN FUNERAL HOUSE COUNTS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE MARY 2 4 1985

DHMH - 16 60M 7/84 (VRA 15, 4)

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all to	11/19	1	nce Frederick	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Memoria	ADDRESS)	ital	120. USUAL (TYPE OF WOR Farme	RK FOR MOST
24 hav	35	13a.	STATE 131 COU		GIVE RESIDENCE BEFORE	'N	34. INSIDE CITY LIMITS? YES NOX	13e STREET	ADDRESS
od with	160	M i	ATHER'S NAME FIRST 11iam T.	MIDDLE	Buckler		S. MOTHER'S MAIDEN N Murial		MIDDLE
IMORE,	Poge /		WAS DECEASED EVER IN U.S. A	RMED FORCES? GIVE WAR OR DATES]	219-16-		Martin W.	Buck:	ler,
ST., BAL	physicio angopen emoval. event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA		line far (a), (b), and		HEAR	FA	120
death or	orrendia over corb from or r		Canditians, if any, which	DUE TO, C	RAS A CONSEQUE	ARY	ARTE	RY	DI
thet the	6 by the country of country r others		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	r as a conseque	ENCE OF			
RDS, TA	Then plants to burn injury, o	NON	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D				A C
At RECO	May be	TIFICAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	YES YES	NO [
CIAN, T	orthicate of from stol Hyg em 18 sh	AL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	CATH		AY YEAR	21c. HOW INJURY OCCU	RRED (ENTERN	ATURE OF IN
VISION G PHYS offending	the burn	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY OR
TENDIN Italian	TOR AN STANSON		22a I certify that (I) (this has	5 2	19	01	that in (my) (aur) apinia	n death accurre	ed an the
AL OR AT	Sebached Solve Dept. of T. If New 7		22b. SIGNATURE	unoli	after depth.	M		MEDICAL	ST PHYS
生点	5 45 5	1	224 PHYSICIANI'S NIAME ITURE	(7) (100 0O)			22- ADDDESS		

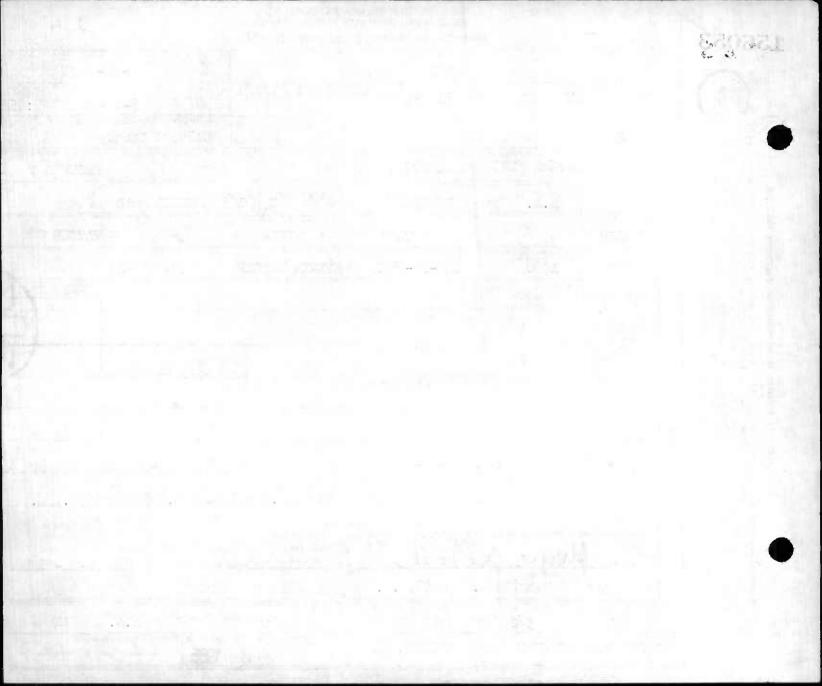
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	5	1	4	d	0	3
CERTIFICATE OF DEATH	REG.	NO.				

1.	FOR STATE REGISTRAR		ī		IEALTH AND MENTAL HYG	REG. NO.	4 4 0 3
	CEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Perry	August		BUCKLER	May 24, 1985	1:22 p _M
3. SE M	ale		Caucasian	S. DATE (6. AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 24 HRS
1	72.072.072			Apri	1 8, 1922		RS.
	IRTHPLACE (STATE C	OR FOREIGN	LS.A.	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
	aryland	EATH	11. NAME OF HOSPITAL	WIDOWI		Calvert	MD.
		/	(IF NOT IN SUCH FACILITY, O	GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WORK)	ING LIFE) INDUSTRY
-36	nce Frede		Cal vert Memo		JITAI	rarmer	Agriculture
M	d.	13H COUN		OR TOWN	13d. INSIDE CITY LIMITS?		216 20608
	ATHER'S NAME FIRST	т.	Buck	LAST	15. MOTHER'S MAIDEN NA	A MIDDLE	(AST
_	WAS DECEASED EVE	R IN U.S. AR/	==-	IAL SECURITY NO.	17. INFORMANT		<u>Buckler</u> 2 Clarks Run Kd
1	NO OR UNKNOWN)	(IF YES GIVE	war Or Dates) 219	-16-9267	Martin W.		aPlata. Md.
	18 CAUSE OF DEA PART I. DEATH	WAS CAUSEI	y ane cause per line far to DBY: E CAUSE (a) CON	GESTIV	E HEART	FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	To the second		DUE TO, OR AS A CO	ONSEQUENCE OF	Y ARTE	RY DISEA	GE year.
	Canditians, if ar gave rise to i	mmediate	(b) COR	CONNIC	There	A Olives	30 0
	cause (a , sta underlying cau		DUE TO, OR AS A CO	ONSEQUENCE OF			
NO	PART 2 OTHER SI					AINAL DISEASE OR CONDITION	
MEDICAL CERTIFICATION	190 DATE OF OPER				N WAS PERFORMED	20a AUTOPSY? 20b. I	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
ERTI	210 ACCIDENT WAS U	INDERLYING F	216. TIME OF INJURY		1214 HOW IN HIRY OCCUP	YES NO RED (ENTER NATURE OF INJURY IN ITE	YES NO NO
ADO	OR CONTRIBUTING	CAUSE OF DEA	HOUR A.M. MOI	NTH DAY YEAR		TENTER MAIORE OF MODERNIES	n is tant toni ant ej
DHC	21d INJURY OCCU		21e PLACE OF INJUR	Y	211 LOCATION	CITY OR TOWN	COUNTY STATE
M	WHILE NOT	WHILE O	(AT HOME STREET FACTOR	Y, OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
			al) attended the decease		nd that in (my) (aur) apinian	death accurred an the date and	that (I) (we) last d haur and from the causes stated
	22b. SIGNATURE) (did) (did na	view the bady after dep	th.	DEGREE		22c. DATE SIGNED
	AT	Nu	inoli	\sim	ATTENDING PHYSICIAN	DIRECTOR T PHYSICIAN	5/25/87
	22d. PHYSICIAN'S	NAME ITYPE O	R PRINT)		22e ADDRESS .		
	nwar Mun:	shi., N	1.D.		Prince Fred	erick, MD 20678	8
	BURIAL, CREMATIO		236. DATE		EMETERY OR CREMATORY	23d LOCATION	TATE
	Buri	al	5-29-85	St. M	ary's Cem.	Bryantown,	Chas. Md.
	UNERAL DIRECTOR			ADDRESS		ESEGD 1985 STRAR 256 RE	erisvereldowner.
	he Hunt	t Fun	eral Home,	Waldor	f, Md.		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

56053	11-	FOR STATE REGISTRAR		MEI	DEPARTA	MENT OF		AND ME		YGIENE P DEAT	H REG	A 4	0 4	
N SIE		CEASED NAM E OR PRINT)		CHAEL	ELGIN	V R		AST		- 10	DATE KNOWN OF ESTI- DEATH MATED	X MONTH		26 HOUR
SOUR FILE	1	MALE	4. RACE WHITE	OT 10°	62°	23 ^{st BIRTHDA}	AY) MONTH		IF UNDER HOURS	MIN. PRO	DEAD		DAY YEAR 5-85 19	24 HOUR 5:45
TO THE STATE OF TH	FO	RTHPLACE (S REIGN COUNTRY) MD		76 CITIZEN OF WE	1		WIDOWE		DIVORC	ED 🗆	Calver'	t Count	.y	MD
PAGE PAGE			Frederic		t"Mem	orta1s	Hospi	tal	TION	12a USUAL FOR MOS	OCCUPATION TOF WORKING LIFE)	TYPE OF WORK	OR INDUST RESTUR	ISINESS RY ANT
AND 3	IJa. S		(IF IN NURSING HOME	OR OTHER INSTITUTION, GIVEN		BEFORE ADMISSING OR IOWN CIRK		13d. INSIDE (I Yes 🗌	NOX	13e STREET	ADDRESS JEWELI	L ROAD	J 207	154
	1	GERALI)	MIDDLE		BUTLER			YLVIA	NAME	WIDDLE		WAŸŠON	
PAGES IN	16a. V	VAS DECEASE ES, NO, OR UNKNO YES	D EVER IN U.S. AR	MED FORCES?		18-087		SYLVI		LER	SAME	AS #13		
9 BE EXECUTED WITHIN 22 RNDING". IN PENCIL IN IT WEDICAL EXAMINER ALC AS A BURIAL - TRANSIT P ALTH AND MENTAL HYG CREMATION, OR REMOV	NO	gave ri cause (a lying cou		(b)	AS A CON		OF .	OR CONDITION	K GIVEN IN PAI	RT L a				
SHOULD VORD "PI VORD "PI CHIEF I BE USED VI OF HE BURIAL,	RTIFICATION		OPERATION AL CAUSE WAS	19b. CONDIT		WHICH OPER					JRE OF INJURY IN ITE.		20 AUTOPSY YES V	? NO 🗆
N N O S O S	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI	OR NG CAUSE OF OCCURRED	DEATH 4:08-A	MONTH 1 5-25 OF INJURY ORY, FARM, ET	(AT HOME,	dr 215 HQ	iver torcy	of mo	torcyc	cle/head	d-on wi	th anoth	STATE
TO MEDICAL EXAMNER: THIS CE EXECUTE THE CERTIFICATE, WRITI PAGE 4 SHOULD BE FORWARDE FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DI BALTIMORE, MARYDAND, 21201 F	6		fy that I took chore ed from: Natu MANE Mar	x stre	Accident Yere	X, Sui	Autapsy cide	Hamico	Inspection ide, PECIFY) Sista	Undeterm	Inquiry, Inquiry, Interest	ond in my or	rt Co.,	
Bb———BAFT	(5	JRIAL, CREMA PECIFY) BURIAI	TION, REMOVAL	236. DATE 5/29/85		IAME OF CEA	AETERY OR	CREMATO URCH	CEMET		ÎËNDSHI			ATE
DHMH - 17 (VR A15 MF (5))	R	AUSCH I	TUNERAL H	OME ADDRESS	OWI	NGS, M	D	2	ZSO. DATE R		GISTRAR 256.R		IGNATURE	20_



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he funeral director, page 3 within 72 hours after death

medical exam

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JORE, MA		executed
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A SI., DAL		certificate
CESTO		death
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		that
JKD5, 20		reduires
בר		WD
AL		The
IVISION OF VILAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTICAND Z		OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed
NA NA		ATTENDING
		OR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ide 5	REG.	NO.	4	à
LAST	2a. DATE O	FDEATH	MONTH	DAY	

1.	FOR STATE REGISTRAR	C		IEALTH AND MENTAL HYG	REG. NO.	4 4 0	
	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYP	F1	orence H.	CHAD	BOURNE	May 2, 1985	5	11:50
3. SE		4. RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	Female	White	MONT	2 - 02- 1898	86	RS. MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	LINITOV2 9	D NEVER MARRIED	9. BALTIMORE CITY OR COU	INTY OF DEATH	MD.
1	rince Frederic	11. NAME OF HOSPITAL (IF NOT INSUCH FACILITY, C Calvert M	GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Homemaker	12b KIND C INDUSTRY	OF BUSINESS OR
13o. Ma			OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS P.O. Box 11	+ 206 88	
	Ioseph	John	son	15. MOTHER'S MAIDEN NA	WE	Kelï	um
	WAS DECEASED EVER IN U.S.		IAL SECURITY NO.	17. INFORMANT	ADDRESS		
	(YES, NO ORUNKNOWN) (IF YES.	GIVE WAR OR DATES) 213	-74-1482	Clara Pounce	ey P.O. Box 11	14, Solom	ons, Md.
		only one couse per line for 10 ISED BY: IATE CAUSE (b) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO	DNSEQUENCE OF	pneumania	2	APPROX BETWEEN	(MATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICAN	196 CONDITION FOR	R WHICH OPERATIO			F YES, WERE FINDI ERTIFYING CAUSES YES	NGS USED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON			RED (ENTER NATURE OF INJURY IN ITEM		NO LI
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR' (AT HOME, STREET, FACTOR		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceosed plive obove, (1) (we) (did) (did	spital) attended the decease on May 2 not) view the body after dear	19 <u>85</u> , o		death occurred on the date and		that (I) (we) last couses stated
	22b. SIGNATURE	w. Bernett			MEDICAL STAFF DIRECTOR PHYSICIAN		3, 1985
		nnett, M.D.		Lusby, Mary		7	
	BURIAL, CREMATION, REMOV (SPECIFY) Burial	May 6, 19	85 St. Pa	EMETERY OR CREMATORY ul's Methodis		Calvert	Md.
	uneral director nala V. Borgwa	ardt Box 34, 1	Port Repul		E REC'D. BY REGISTRAN 256. RE	Sistrar's SIGNAT	TURE modelle

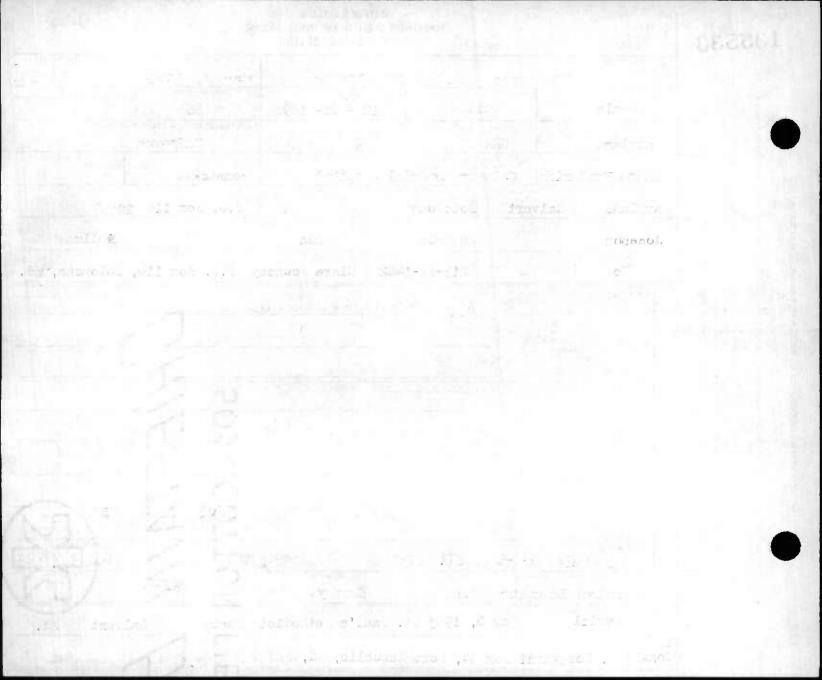
DHMH - 16 50M 4/82 (VRA 15, 4)

etoined by the hospital ar attending physicion.

TO HOSPITAL

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove corbanpapers. Page with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal. MPORTANT: If hem 21 is morked at them 18 shaws any injury, at other traumatic event, the



ATTENDING PHYSICIAN: The low requires that the death certificate ottending physic TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove cowith the State Dept. of Health and Mental Hygiene prior to burial, cremation,

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REGISTRAR							REG. N	O.		
I DECEASED NAME	FIRST		MIDDLE	- t	AST		20. DATE OF DEATH		AY YEAR	26 HOUR
(TYPE OR PRINT)	Nicho	las	James	CRI	EEK		May 28, 19	85		11:421
3. SEX	1	4. RACE		5 DATE C			6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 H
Male		Black	k	Aug.	10 DAY	1916	68	YRS.	ONTHS DAYS	HOURS
TO BIRTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY		OF DEATH	
Maryland		USA		WIDOWE		R MARRIED DIVORCED	Calvert			
10 CITY OR TOWN OF D	EATH I		HOSPITAL, NURSIN	IG HOME C	R OTHER IN	STITUTION	12a USUAL OCCUPAT			OF BUSINESS
Prince Fred	erick	Calve	rt Memori	al Ho	spital		Labor	OF WORKING LIFE	INDUSTRY	
USUAL RESIDENCE (IF N	IRSING HOME OR C		GIVE RESIDENCE BEFORE		A 124 INICIDE	CITY LIMITS?	13e STREET ADDRESS	/ 710 CODE		
Maryland	Calv		Owings	N	YES []	NOX	Rt. 260-Bo			20736
14. FATHER'S NAME					15. MOTHE	R'S MAIDEN NA	AME			
William	M	MODLE	Creek		Ra	chel	MIDDLE		Mayna	
160 WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORM	MANT	ADDR	ESS		
(YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	579-12-7	883	Hilda	Creek	Box 294.	Owings	. Md	
	711 5		r line for tol, (b), and							IMATE INTERVAL ONSET AND DEA
PART 2 OTHER SI			ONTRIBUTING TO E				MINAL DISEASE OR CON	20b. IF YES	WERE FINDI	NGS USED
Ē							YES NO	YES		NO [
00.00.000.000.000.00	CAUSE OF DEAT	H	OF INJURY ,M. MONTH DA .M.	AY YEAR	21c HOW	INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
214 INJURY OCCU			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCA		CITY OR TO)WN	COUNTY	STATE
22a I certify that	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW			5/2	7	19 87		28	9 85	that (I) (we) I
saw the dece abave, (1) (we	osed alive on_ (did) (did nat)	yiew the bady		, ar	nd that in (m	y) (aur) apinion	death occurred on the d	ate and hour	and fram the	causes stated
226. SIGNATURE		20 11	1/-	11	DEGREE	ATTENDANCE	MEDICAL		22c DATE	SIGNED
	160	281.	1/1 8-12	1.	(ii)		MEDICAL STA	IAN 🗌	5	79-8.
724 PHYSICIAN'S	. /	7661	- 10		Princ		erick, Maryl	and 2	20678	
	72									
230. BURIAL, CREMATIO	N, REMOVAL	23b. DATE	1985 Wa			RCREMATORY	23d LOCATION CITY OF TOWN Owings		ivert	Md ^{STATE}

BP.

TO HOSPITAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Spencer E. Sewell Box 31, Prince Frederick, Md

258 DATE REC'D. BY REGISTRAR 250 REGISTBAR'S SIGNATURE

JUN 0 4 1986. Funds Davidson Anna Se

Braffes. x lt. 250-los con sons 579-11-755 Film Creek low 75, Uxing, Rd while I work Charte benesers being to Carte and I will be a company to the company of the compan

fill, initiated into it, time instance, the

STATE OF MARYLAND

Sec. 1. Janes Lynn Warmand Co A Long to the Str. St. St. And Head Teaming God Banka a A Statistical States district of the state of the st

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	'	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	D.		
		CEASED NAME	FIRST	MIDE	DLE	· ·	AST	20 DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	Edna	a Ki	ng	GR	EENWELL	May	y 21,	1985	5	1:10P _M
	3. SEX	X		4 RACE		5. DATE C		6 AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	E	emale		White	100	Mav	7 7000		8.	5 YRS.	MONTHS DAYS	HOURS MIN.
4	1	RTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8.		9 BALTIM	ORE CITY O		OF DEATH	
h	1	Maryland		U. S. A.		WIDOWE	D NEVER MARRIED	Ca	alver	t		MD
9		nce Frede				G HOME (OR OTHER INSTITUTION	120 USUA	L OCCUPATION OF FOR MOST OF COUSEWI	ON F_WORKING LIF	E) INDUSTRY	of BUSINESS OR Home
5	13o. S	Md.	Ann	e Arundel	CITY OR TOWN	1	136. INSIDE CITY LIMITS? YES NO X	1425	ADDRESS / Wrigh			- 6.5
1) FA	THER'S NAME	Ĩ	uther	LAST		FIRST		MIDDLE		LAS	51
4	/	Thomas		XXXXXXXX	King		Flore	ence_	Maud	_	Dea	
9		VAS DECEASED EV		MED FORCES? [16]	SOCIAL SECUR	RITY NO.	17 INFORMANT		1417	Wrigh	ton Rd.	,
6		No					Franklin K.	Green	vell-	Loth:	ian,Md.	20711
		Canditions, if an gave rise to i cause (a), sta underlying cau	mmediate iting the use last.	due to, or as	S A CONSEQUE	NGE OF	NOT RELATED TO THE TERM	MINAL DISEA	SEORCON	DITION GIV	EN IN PART 1	<i>"</i>
2	CERTIFICATION	19a DATE OF OPER	RATION	196. CONDITIC	ON FOR WHICH (OPERATIO	n was performed	200 AUT	TOPSY?	IN CERTIF	, WERE FINDI	
1		210. ACCIDENT WAS LONG CONTRIBUTING	CAUSE OF DEA	1111	MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER		Y IN ITEM 18 P	ART (OR PART 2)	
	MEDICAL	21d. INJURY OCCU	WHILE WORK	21e. PLACE OF (AT HOME STREET	INJURY FACTORY, OFFICE, FA	RM ETC)	211 LOCATION STREET		CITY OR TO	WN .	COUNTY	STATE
	9	saw the lece		the design of th	19 8		nd that in (my) (our) apinion	death occur	red on the do	ite and hav		that (1) (we) last causes stated
,		50 DATURE	an	hu	5		DEGREE ATTENDING PHYSICIAN [MEDICAI DIRECTO	STAF	F IAN 🗌	221. DAJE	21/8J
1		226. PHYSICIAN'S					22e ADDRESS	. 7	_1_ >4	7	- 7	0670
1				Lusby, M	.D.		Prince Fre	ederi	CK, M	aryla	and 2	0678
	230 B	URIAL, CREMATIO	N. REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOC	ATION			•

DHMH - 16 60M 7/84 (VRA 15, 4)

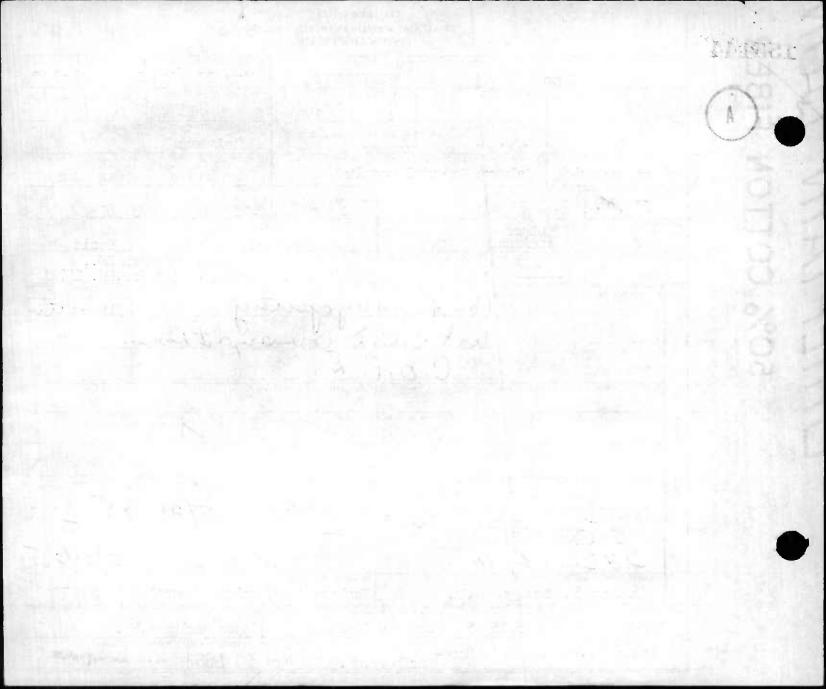
Burial 5/25/85

Trinity Cemetery

Upper Marlboro, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Richard A, Coleman Fun'l Home Warlboro, Md. 2077/2 MAY 3 whardson yandelle



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Ph

etoined by the haspital or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1.	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	409
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYPE	ORPRINTI MARIE E	H	ARRISON	May 2	1985 5:30 PM
3. SE	X		S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR # UNDER 24 HRS
	cmale	White	12 13 07	YRS.	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
	Ha,		WIDOWED DIVORCED	calvert	MD.
10 C	OWINGS .	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI BOX 259 M+. H		(TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
	AL RESIDENCE (IF NOKSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD		13e STREET ADDRESS	207310
	Paryland Calve		S YES NO Y	BOX 259 M+	Harmonyed
	ATHER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	119.119.19
1	seorge. H	1. Deuchle	r Dora	E Be	allfield
		MED FORCES? 166 SOCIAL SECURIT		ADDRESS	
	n0 n/c	214-32-	9624 Griffith H	arrison sam	e as#13
		y one cause per line far (a), (b), and (\	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED	CAUSE (0) Metastatic	. CONCER CHAdder	e, Ovary primary)	
	Didne District	DUE TO, OR AS A CONSEQUENT			
	Conditions, if any, which	(b)	Ct Or		
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN	CE OF		
	underlying cause lost.	(c)	CE 01		1700
_	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART 1101
ğ					
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	YING CAUSES OF DEATH?
<u></u>		I CENTER OF THE PROPERTY OF TH		YES NO YE	
E	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216 TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 F	ART 1 OR PART 2)
EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
ED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
>	AT WORK NOT WHILE AT WORK	TAT NOME, STREET, FACTORS, OFFICE, FARM	1, (1)		
	220.1 certify that (1)(this haspite		March 1980	to April	1984 , that ((we) last
	sow the deceased alive an above (11) (we) (did (did nat	yiew the body after death	, and that in (my) (aur) apinion (death occurred on the date and hou	r and from the causes stated
	22b SIGNATURE	0 1	DEGREE		22c. DATE SIGNED
	Elizabeth Um	re Spitzer MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5-3-85
1	22d. PHYSTCIAN'S NAME (TYPE OR		22e ADDRESS		0.1
	Elizabeth ANNE	Spitzer	19 Chesapeake 1	BEACH ROAD EAST, OW	ings, 19d. 20136
23o. B	URIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	23d. LOCATION	
	Burial	5/5/85 N+	. Harmony	OWINS (coluent Md.
24 FU	INERAL DIRECTOR		250 DAT	E REC'D. BY REGISTRAN 256 REGIST	BAR'S SIGNATURE
101	Jusch Funera	ADDRESS O	INIMS MAI MA	1 6 1985 guma	gavidson-gandelle

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carban-papers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumatic event, the medical exa

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OWNINGS FOX 259 MC, HOMERICAN, INC. SULLANDER HOW E. BOYCOCCOH, HI PER KOOL X CO, LICUX E BOYCOCO, CO.

Corac. H. Denchier Don E Bealfield. 110 11/a SH-12-960 HHH HOM SON SOME US HIS

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PULLEY 5/5/85 TH. HOLLINY SHOTLYS CONST. MG. MANY WARRIOT A YAM IN SULVED LANCE LEVEL CONTROL OF

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Spencer E. Sewell

(VR A15 ME (5) 20M 4/82

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

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2b. HOUR

AUGUSTINE

REGISTRAR	CERTIFICA	TE OF D	EATH	REG. NO.				
I. DECEASED NAME FIRST C	HARLES Charles	HEATH			20. DATE OF DEATH	MAY	8	YEAR SS
3. SEX	4. RACE	5. DATE OF BI	RTH DAY 22	YEAR 1909	6. AGE (IN YEARS LAST E	BIRTHDAY) YRS	MONTHS	ER I YE
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER M	ARRIED 🗆	9 BALTIMORE CITY		TY OF DI	EATH

WIDOWED X DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). YPE OF WORK FOR MOST OF WORKING LIFE STEAMFITTER Pr. Frederick CONSTRUCTION CALUCAT MEMORIAS KUSI USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 20736 13g. STATE 136 COUNTY 3e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? MARTLAND CALUCYT HARMONY CHUINGS 14 FATHER'S NAME

MIDDLE LEHAH CHARLES J. HEATH N. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT

NZA 488-10-8379 #13 NO ANNA MAE BISHOP same as 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARDIO Respondo 30 borgina IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Respiration Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE

CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20m AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOX 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 211 LOCATION TIE. PLACE OF INJURY COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC 1

1981 MAT 22a. I certify that (1) (this haspital) attended the deceased from MAY sow the deceased alive on. and that in (my) (exc) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death

226. SIGNATURE DEGREE 22c. DATE SIGNED 5-8-81 STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS Objectsvice men. H.D 134 OWENSUILLE Mend, West River

23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 5/10/85 (SPECIFY) BURIAL SOUTHERN MEMORIAL GARDENS" ODUNKIRK STAMD. CALVERT

24 FUNERAL DIRECTOR RAUSCH FUNERAL HOME

NOT WHILE

MEDICAL

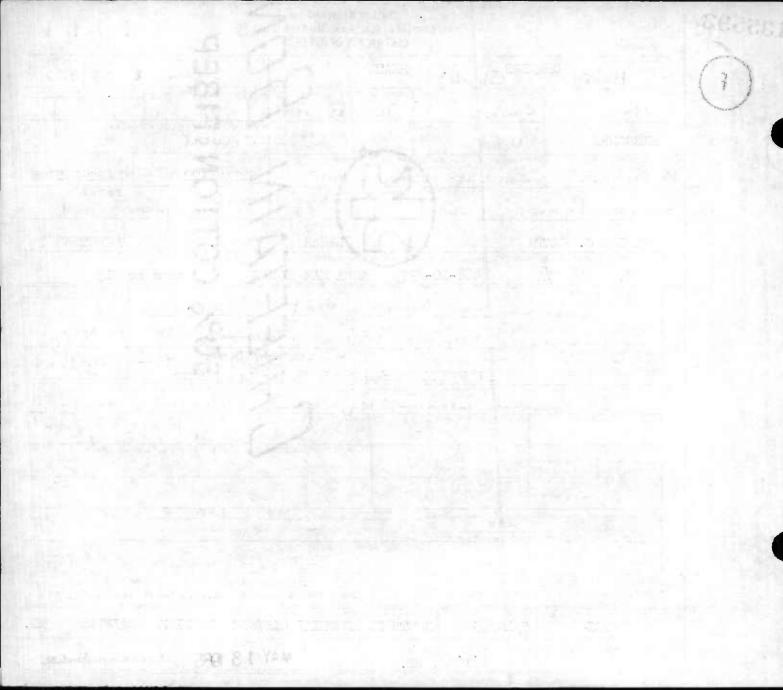
P.O. BOX 45 OWINGS, MD.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Gutia Davidson Randala

DHMH - 16 60M 7/84 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0
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	TO HOSPITAL OR VITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the hospital or aftending physician.

	FOR STATE			DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENS 5	14	4	2
1.	REGISTRAR DECEASED NAM (TYPE OR PRINT)			MIDDLE	ı	eland	REG. N 20 DATE OF DEATH		7 85	26 HOU
	Femal		4 RACE White	- 1	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	_	F UNDER ! YEAR	IF UNDER HOURS
35	Marylan	nd	USA		WIDOWE		Calvert	County	7	
10		erick	Calver	t House	(ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Bookeeper		126. KIND OF INDUSTRY Lusby	
35	Maryland		lvert	134 CITY OR TOW Hunting	VN	13d. INSIDE CITY LIMITS? YES NOX	Box 131		206	39
\$40	George		MIDDLE	King		15. MOTHER'S MAIDEN NA Leida	WIDDLE		Younger	
medico	(YES NO OR UNKN	ED EVER IN U.S. AR	MED FORCES?	212-16-		Augusta Cra	nford Box 1		ntingto	20 wn,
ury.		HER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART TO	
ou Q	O 190. DATE OF	F OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING	GS USED
- 07	210. ACCIDEN		21b. TIME O ATH HOUR A.	FINJURY M. MONTH D.	AY YEAR	N WAS PERFORMED	YES NO	IN CERTIFY YES	WERE FINDING	GS USED OF DEATH NO
- 07	OR CONTRIBUT	F OPERATION IT WAS UNDERLYING TING CAUSE OF DEA	21b. TIME C HOUR A. P. 21e. PLACE	FINJURY M. MONTH D. M.	AY YEAR		YES NO	IN CERTIFY YES	WERE FINDING	NO [
- 67	OR CONTRIBUTE (IF EITHER INC. 21d. INJURY WHILE AT WORK 22a. I certify	F OPERATION IT WAS UNDERLYING TING CAUSE OF DE, OTIFY MEDICAL EXAMINES OCCURRED	21b. TIME O HOUR A. 9) P. 21e. PLACE (AT HOME STI	OF INJURY M. MONTH D. M. OF INJURY etest, factory, office, f	AY YEAR 19 FARM, ETC)	21¢ HOW INJURY OCCUR!	YES NO CITY OR TO	IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDING CAUSES O	OF DEATH NO ST.
If Item 21 is marked or Item 1	OR CONTRIBUTE OR CONTRIBUTE (IF EITHER NOT 21d. INJURY WHILE AT WORK 22a.I certify	TI WAS UNDERLYING TING CAUSE OF DEA OTHEY MEDICAL EXAMINES OCCURRED NOT WHILE ALWORK ALWORK THOS (I) (this hospic edeceosed olive on (we) (did) (did no	21b. TIME C HOUR A. HOUR A. 21e. PLACE (AT HOME STI	OF INJURY M. MONTH D. M. OF INJURY etest, factory, office, f	AY YEAR 19 FARM, ETC) 70/2	21c HOW INJURY OCCUR! 21f. LOCATION STREET 19 20d that in (my) (our) opinion of the control o	YES NO CITY OR TO	IN CERTIFY YES JRY IN ITEM 18 PA	WERE FINDING CAUSES O	of (I) (w
MPOKIANI: # Rem 21 is morked or liem 1	OR CONTRIBUTION OR CONTRIBUTION OF CON	F OPERATION IT WAS UNDERLYING TING CAUSE OF DEA OTIFY MEDICAL EXAMINES OCCURRED NOT WHILE AT WORK It that (1) (this haspi e deceased alive an (we) (did) (did no	21b. TIME COHOUR A. R) P. 21e. PLACE (AT HOME STI	FINJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F e deceosed from ofter death.	AY YEAR 19 FARM, ETC) 10/2 85 . on	21c HOW INJURY OCCUR! 21f. LOCATION STREET 19 20d that in (my) (our) opinion of the control o	YES NO CITY OR TO STANDARD OF INJURE	IN CERTIFY YES JRY IN ITEM 18 PA DWN Ilote and hour	WERE FINDING CAUSES OF THE COUNTY STATES OF THE COU	of (I) (w

Lilin Naindren Randall

DHMH - 16 50M 1/81 (VRA 15, 4)

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280 Y TENNER, C. C. CERT CO. C. -40 62 JEERS OF CO. C. CERTS

d/35507	1.	FOR STATE REGISTRAR		DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE S REG. NO.	4413
64 Pe		CEASED NAME OR PRINT)	Anna	MIDDLE	KOVACS	May 5, 1985	2:55 p
de por	3 SE	emale		1. RACE White	5 DATE OF BIRTH MONTH DAY YEAR NOU. 7 1909	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HE MONTHS DAYS HOURS MI
To hour	7a. B	RTHPLACE (STATE COUNTRY)	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OF COUNT	
Option to	10. C	ince Fre	DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWITE	LIFE) 126 KIND OF BUSINESS (
AND 212	USU.	AL RESIDENCE (IF P	136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	where admission) Whand yes \to NO \text{ NSIDE CITY LIMITS?}	130 STREET ADDRESS / ZIP COIL 6875 Denmar L	
The second		Blase_	/5B IN 14 5 A 5	MIDDLE LAST Brezny RMED FORCES? 1166 SOCIAL REC		MIDDLE	LAST
TIMORE on and a or Popes re medica		VAS DECEASED EV		The second secon	7255 Rose Marie		25 13
ST, 8AI on physic conpage ramoval, the		PART 1. DE ATE	H WAS CAUSE	nly one cause per line for a 1, (b), o ED BY: ITE CAUSE (a)	1)	Thock	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
that the death controls to the chanden control to the chanden control of common controls of common controls to the controls of common control controls of common cont		Conditions, if a gave rise to cause (a), stunderlying ca	immediate oting the	DUE TO, OR AS A CONSEO	10 scleranc (o	ronar y Arter	Drase 24
DRDS, 20 requires Then plo or to burn	NOIL	PART 2 OTHER S	Ar	Veriel occ	DEATH BUT NOT RELATED TO THE TER.	ft leg.	
At RECC	RTIFICAT	90 DATE OF OPE			H OPERATION WAS PERFORMED	YES NO NO NO CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
SCIAN SCIAN BE Physical result from 18 s	CAL CE	210. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MVISION or the but the and M the and M	MEDI	21d. INJURY OCC	T WHILE WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	1	CITY OR TOWN	COUNTY STATE
ATTENDI spirite of To use of Heal		sow the deb	eased alive ar	ital) attended the deceased fram 19 17 19 18 19 19	3, ond that in (my) (our) opiniar	death occurred on the date and he	our and fram the couses stoted
At OR At DIRE Senathed at Dept.		The Signature	M	Ano.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5 S /a

Craig Jeschke, M.D.

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 24 FUNERAL DIRECTOR 15 REGISTRANSSIGNATURE RAUSCH FUNERAL HOME, P.O. BOX 45, OWINGS, MD

22e ADDRESS

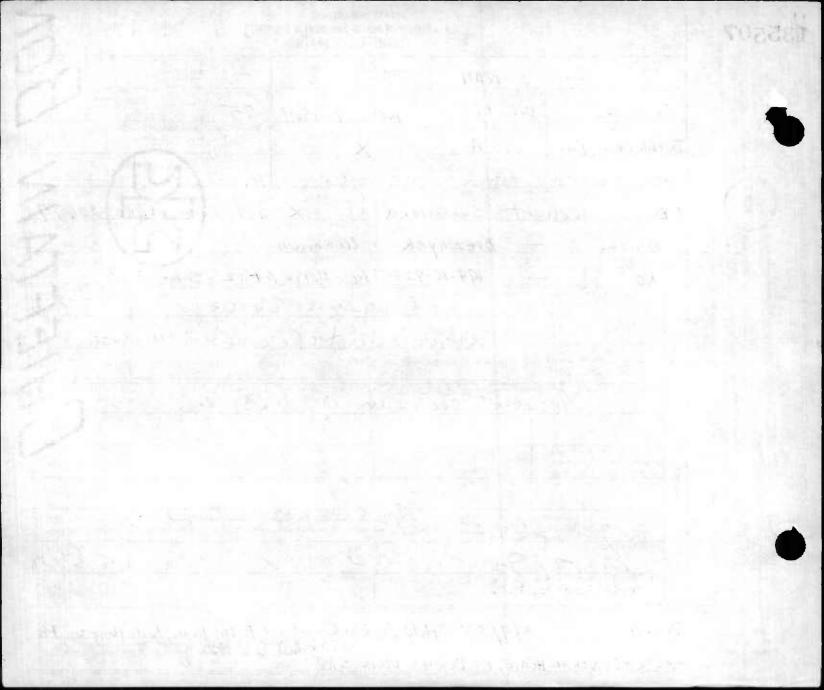
26 HOUR 2:55 P_M IF UNDER 24 HRS

that (I) (we) last

MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20		a A	A
2	-	4 -4	 -
REG. NO.			

	CEASED NAME	FIRST		WIDDLE	L	AST	20 DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
[IVPE		Marior	1 5	ylvsete	r	MICHAEL		May 9,	1985	4:00p M
B. SE	(4.	RACE		5 DATE C	F BIRTH	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	
	Male	and the same	White	Э	MONTH	- 8 -1917	68	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OF	R FOREIGN 7b.	CITIZENOF	WHAT COUNTRY?	8 MARRIEI		9 BALTIMORE CITY		OF DEATH	
	Maryland		USA	1	WIDOWE		Calver	t Coun	tv	MD
r	TY OR TOWN OF DE	derick	(IF NOT IN SUC	H FACILITY, GIVE STREET A	G HOME O	al Hospita	12a USUAL OCCUPA	TION	12b. KIND C	DE BUSINESSOR
30 S	AL RESIDENCE (IF NUI TATE Md.	136 COUNTY		134. CITY OR TOWN Port Rep	N I	13d. INSIDE CITY LIMITS? YES NO K	13e.STREET ADDRES Kenwood	Beach,	20676	5
4 FA	Walter	MID	DIE .	Michael		15. MOTHER'S MAIDEN NA	AME		Edwar	ds
5a V	VAS DECEASED EVE	R IN U.S. ARME	D FORCES?	166 SOCIAL SECUI	RITY NO:	17 INFORMANT	ADD	RESS		
(,	(ES NO OR UNKNOWN)	(IF YES, GIVE W	A OR DATES	579-18-	4445	Juanita S.Mi	ichael, Por	t Repul	olic. M	id. 20676
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF,							BETWEEN	(MATE INTERVAL ONSET AND DEATH	
MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							EN IN PART 1	a	
	190 DATE OF OPER			W.		n was performed	200 AUTOPSY?	20b. IF YES.	, WERE FINDIN	NGS USED
	21a. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PART 2)	
	21d INJURY OCCU	VHILE	21e PLACE	OF INJURY BEET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
			5/9	19	85 , an	d that in (my) (our) apinion	death occurred an the	date and haur		that (1) (we) last causes stated
	226 SIGNATURE Mars/	1./6	An	ML		DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [22c. DATE	SIGNED /
	226. PHYSICIAN'S	AME TYPE OR PE	Kus.	hre-		22e ADDRESS Prince F:	rederick,	Mary!	Land	20678
	URIAL, CREMATION SPECIFY) Buria.		236. DATE May	13,1985 J	iame of c	emetery or crematory uel Church Ce	em Hunting	town,	Cal.,	Md.20639
	neral director	Borgward	lt Box	34-B Por	t Rep	20676 260 A	L S O FEE		PAR'S SIGNAT	

DHMH - 16 60M 7/B4 (VRA 15, 4)

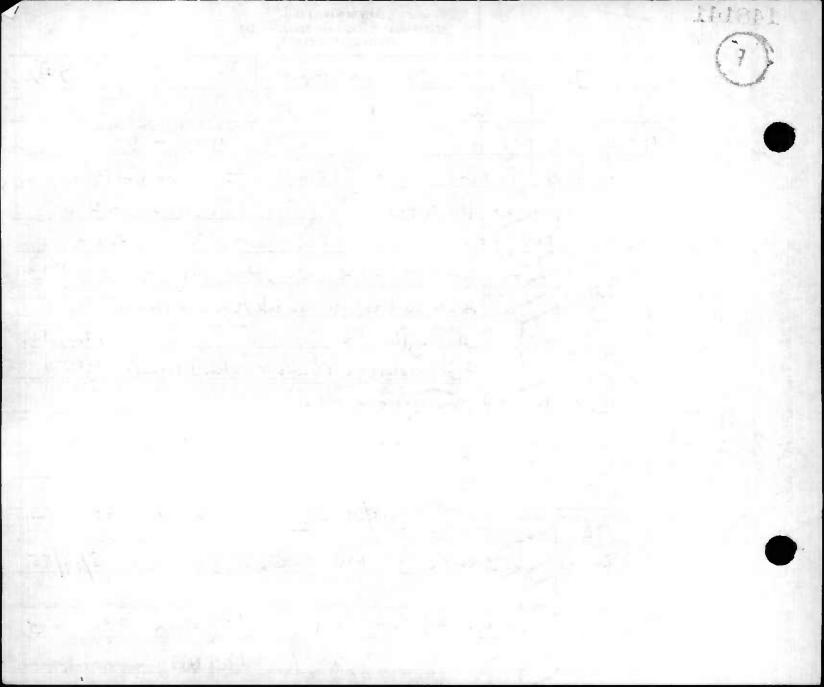
BP.

41	FOR STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND IF HEALTH AND MENTAL HYG IFFICATE OF DEATH	IENE 5	4415			
	CEASED NAME FRST EORPRINT) JACKS		LAST SON TE OF BIRTH DAY YEAR	20 DATE OF DEATH MONTE	-19-85 7=0A.M			
Ja. B	IRTHPLACE ISTATE OR FOREIGN SOUNTRY A S.C.	76 CITIZEN OF WHAT COUNTRY? 8 MAR WIDO	RIED NEVER MARRIED NEVER DIVORCED	9 BALTIMORE CITY OR CO	VRS DUNTY OF DEATH			
10 C USU 130.	Rince Frederick	ITY ITS. CITY OR TOWN	on) 138 INSIDE CITY LIMITS?	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR 13 STREET ADDRESS	1.			
on and a	James w	uprt North Beach	15 MOTHER'S MAIDEN NAM	WIDDIE	Evan			
Poge	WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	. 0	Russell :	scme@#13			
bonpopers removal c event, the	PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), and (c) DBY: E CAUSE (o) Acute Card to	gente Shock	/Vascular Co	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOUSE Mute			
other troumotic	Conditions, if ony, which gove rise to immediate cause io stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE O (b) Arrhythm DUE TO, ORAS A CONSEQUENCE O	w/a	scular Drsei	Minuter ase years.			
ony injury, or	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Park 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Park 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Park 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Park W UN TS							
Hygiene 18 shows CERTIFIC	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURR		CERTIFYING CAUSES OF DEATH? YES NO NO			
olth and Mental marked or Item	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ALTO	9 211 LOCATION	CITY OR TOWN	COUNTY STATE			
of He		tol) ottended the deceosed from 10 5/19 19 85		, to, to	nd hour and from the couses stated			
with the State Dept.	22d. PHYSICIAN'S NAME (TYPE OF	Sterner RPRINT)	ATTENDING PHYSICIAN 222e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	S/19/85			
With the part of t				Tan Location				

TO FUNERAL DIRECT should be detoched for with the Stote Dept. o IMPORTANT. If Item 23C. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE NY rial 21,1984 24 SUNERAL DIRECTOR REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.



1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 4 4 1 6 CERTIFICATE OF DEATH					
1. D	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR			
(TY	PE OR PRINT) Ann	ia Þo	WIELAND	May 20, 1985	3:4			
3. S	EX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	UNDER I YEAR IF UNDER 2			
-1	Female.	white	JOO 2 1895	90 YRS. MC	DNIHS DAYS HOURS			
1/10.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH			
71	100505	USA_	WIDOWED DIVORCED	Calvert				
- 4	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS II	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINES			
1	rince Frederick	Calvert Memor		housewife.	N/A			
	UAL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS / ZIP CODE				
25	Donaland Call			BOX 203	20736			
	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST			
0	+ rook DISKay Rochan Fox							
/ 16a	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECT		ADDRESS	. L			
	NO N	/A 21948	5474 Mortene Ve	million some	DO #13			
	18 CAUSE OF DEATH (Enter on	ly one couse per line for 101, (b), or	nd Icili		APPROXIMATE INTER			
	PART I. DEATH WAS CAUSE IMMEDIAT	PAILURE FAILURE						
		President Control						
	Conditions, if ony, which (b) SEVERE STATUS ASTHMATICUS							
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF					
	underlying cause last	(c)						
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 3 (T) CORONARY ARTERY DISEASE COLD ASM I (2) A. FIBNITAL							
P	DEORONAR				onllati			
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEAT			
A E				YES NO YES				
4	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM IB PAR	TIORPART 2)			
3	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION STREET	CITY OR TOWN	COUNTY ST			
>	AT WORK AT WORK	(M. Monte, Since), Factori, Office,	, and the same of	_				
	270.1 certify that (I) (this hospital) attended the deceased from 5/13, 19.85. to 5/20, 19.85. that (I) (w							
- 1	sow the deceosed alive an							
	obove, (ii) (we) (did) (did iio	1, view the body offer deoth.	DEGREE		22c. DATE SIGNED			
	22b SIGNATURE			unkies cases	2-118			
		nahi	ATTENDING	MEDICAL STAFF	5/21			
1	ATMU		PHYSICIAN [DIRECTOR PHYSICIAN	1 3/26			
1			PHYSICIAN [derick, Maryla	$\frac{3}{20678}$			

DHMH - 16 60M 7/84 (VRA 15, 4)

BUNOL may 20, 1985 First Luthur of BUNK ROWSCH FUNERAL DIRECTOR FUNERAL HOMEDORESSOW ARY LAND 15 MAY 25. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAY 2 4 1985

